

Attachment 1

Facility Name: _____
 Permit Number: _____
 Date of Inspection: _____

Type of Release Requesting:
 Items Requesting Release From:

_____ Full
 _____ GW
 _____ Storm Water
 _____ Cap Maint.
 _____ Other
 _____ Partial
 _____ Gas
 _____ Surf. Water
 _____ Leachate

Termination of Post Closure Care

Criteria for Determining if Post-Closure Care Can End or Must Continue- Checklist

	Criteria	YES	NO	NA	NC	Comments
NA= Not Applicable, NC= Non-Compliance						
	Continuation of Post-Closure Care					
	The director may not release an owner or operator from post-closure requirements if one or more of the following conditions exist. (yes) indicates that the facility may not be released	Indicate (yes) if any of these conditions exist				
1.	The facility has uncorrected/outstanding violations of environmental statutes or regulations.					
2.	The facility has started, but has not completed corrective action.					
3.	The facility is violating water quality standards or contributing to the biological impairment of nearby surface water.					
4.	Leachate quality or quantity poses a threat to human health or the environment.					
5.	Gas migration causes a threat to human health or the environment outside of the property boundary or within facility structures.					
6.	The final cover has had uncorrected or persistent maintenance through the post-closure care period, which may cause the facility to pose a threat to human health or the environment.					
7.	Any other condition is present that, in the opinion of the director, will not protect human health or the environment.					
	POST-CLOSURE CARE PERIOD REVIEW					
	Facility File Review					
	Department staff must check to see if all of the departments records regarding the facility are complete in certain critical areas. (no) indicates that the information must be obtained prior to release	Indicate (no) if any of the files are not included in DEQ's records				
1.	The facility permit					

Criteria for Determining if Post-Closure Care Can End or Must Continue- Checklist

	REGULATION	YES	NO	N/A	NC	Comments
2.	A survey plat clearly delineating the waste management foot print					
3.	Documentation indicating that the deed notification has been recorded with the local land recording authority					
4.	Documentation demonstrating that a note has been placed on the survey plat restricting disturbance of the site					
5.	A copy of the facilities closure plan					
6.	A copy of the professional engineer's certification stating that the facility has been properly closed in accordance with the approved closure plan.					
7.	A letter from the department acknowledging that the facility is closed.					
8.	A copy of the post-closure care plan for the facility.					
	Compliance During the Post-closure Care Period					
	Department staff must review the compliance history of the facility to determine if there are any outstanding violations of the permit, regulations or laws. The facility will not be released from post closure responsibility if there are unresolved compliance issues at the facility.					
1.	Provide a review compliance history of the owner/ operator during the post closure care period.					
2.	Are there any outstanding violations of state laws or regulation?					
3.	Has the owner/operator protected human health and the environment?					
4.	Have there been enforcement actions against the facility?					
	<ul style="list-style-type: none"> If [Y] have the enforcement actions been resolved? 					
	Review Groundwater Monitoring					
	Department staff must review the department's groundwater monitoring records for the facility.	Indicate (yes/no) in response to the following questions				

Criteria for Determining if Post-Closure Care Can End or Must Continue- Checklist

	REGULATION	YES	NO	N/A	NC	Comments
1.	Is the facility undergoing corrective action?					
2.	Have all semi -annual or quarterly groundwater monitoring events been performed during the post-closure care period as required by the VSWMR or the facility permit?					
3.	Has the owner/operator added additional monitoring wells when required or requested by the department?					
4.	Has the facility implemented assessment monitoring, phase II monitoring or corrective action when notified by the department (or within the timeframes established in the regulations?					
5.	Has the owner or operator routinely submitted required data to the department for review?					
6.	Has the owner or operator maintained all monitoring records through closure and post-closure, and are data from the monitoring events readily available to department staff?					
7.	Are there any off site factors that influence groundwater behavior at the site?					
8.	Is facility currently performing active gas extraction and does the gas generated by the waste have the potential to impact groundwater.					
9.	Are constituent levels at the site increasing?					
	Review Surface Water Monitoring					
	Department staff must review the surface water monitoring record for the facility.	Indicate (yes/no) in response to the following questions				
1.	Has the owner or operator monitored the facility as required by the regulations, permits and/or director?					
2.	Is there currently any impact to nearby surface water?					
	Review Gas Monitoring					
	Department staff must review the gas monitoring record for the facility.	Indicate (yes/no) in response to the following questions				
1.	Has the owner or operator added additional monitoring wells					

Criteria for Determining if Post-Closure Care Can End or Must Continue- Checklist

	REGULATION	YES	NO	N/A	NC	Comments
	when required or requested to do so by the department or when required by the facility's gas management plan?					
2.	Has the owner or operator monitored the facility at the frequency required by the regulations, permit and/or the director? Has the owner or operator monitored inside all structures on the property?					
3.	Is the owner or operator exceeding the LEL at the property boundary or inside structures on the property?					
	<ul style="list-style-type: none"> If [Y] to 3 have remedial measures been installed in response to exceeding the LEL? 					
	<ul style="list-style-type: none"> If [Y] have remedial measures corrected the situation? 					
4.	Has an active system been installed at the facility to control the migration of gas from the property?					
5.	Has the owner or operator maintained all monitoring records through closure and post-closure, and are data from the monitoring events readily available for review to department staff?					
6.	Has a CDD or industrial landfill performed gas monitoring prior to being released from post-closure care?					
	Review Leachate Generation and Management					
	Department staff must review leachate management at the facility.	Indicate (yes/no) in response to the following questions				
1.	Is leachate currently generated at the facility?					
2.	Has the owner or operator collected and tested the leachate generated to determine its composition?					

Criteria for Determining if Post-Closure Care Can End or Must Continue- Checklist

	REGULATION	YES	NO	N/A	NC	Comments
3.	Has the owner or operator provided data on the amount of leachate generated at the facility over a sufficient portion of the post-closure care period?					
4.	Has the owner or operator provided estimates of the amount of leachate to be generated in the future as required in the leachate system control design plan (9 VAC 20-80-290 A) and estimate the impact of this future leachate on the landfill liner?					
Field Activity	Stormwater Management Review					
	Department staff must evaluate stormwater management at the facility.	Indicate (yes/no) in response to the following questions				
1.	Is solid waste entering surface water or groundwater?					
2.	Are stormwater management controls functioning properly?					
Field Activity	Inspect Cap Integrity					
	Department staff must perform a site inspection to evaluate the condition of the landfill cap.	Indicate (yes/no) in response to the following questions				
1.	Does vegetation maintenance (mowing if applicable) allow the final cover to be inspected?					
2.	Is any waste visible at the facility? This includes illegal dumping, failure of the final cover to cover the waste, failure of any sideslopes, and any litter located at the facility.					
3.	Are there any places where the vegetation is not well established on the final cover? (surviving first mowing and no bare spots without vegetation)					
4.	Were any areas observed where settlement or subsidence of the waste has occurred?					
5.	Were any areas observed where significant erosion of the final					

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	REGULATION	YES	NO	N/A	NC	Comments
	cover has occurred?					
6.	Was evidence of leachate seeps observed?					
7.	Were any odor or vector problems noted?					
8.	Were any puddles observed?					
9.	Were there any grading problems present that would result in erosion or storm water management problems that could lead to the exposure of the waste mass?					
10.	Do facility records show that repairs have been required to the final cover within the past 3 years? (vegetation, subsidence, erosion, leachate seeps, odors/vectors, puddles/regrading)					
11.	Are the stormwater controls able to contain runoff? Are they in need of cleaning?					
Field Activity	Inspect site security					
	Department staff must perform a site inspection to evaluate the security of the site.	Indicate (yes/no) in response to the following questions				
1.	Are signs posted stating the site has closed and that waste is no longer accepted at this facility?					
2.	Are gates and fences or other barriers used to prohibit unauthorized entry to the site along the entire boundary?					
Field Activity	Inspect for other conditions of post-closure care plan					
	Department staff must review site activities with respect to the conditions of the post-closure care plan.	Indicate (yes/no) in response to the following questions				
	Do site activities comply with the written post-closure care					

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	REGULATION	YES	NO	N/A	NC	Comments
	plan?					